



MASSACHUSETTS DEPARTMENT OF REVENUE

Taxpayer Change of Address

Name _____ SS. No. _____

Name of Spouse _____ SS. No. _____

Old Address _____

New Address _____

Type of Return Filed:

☐

Form 1

☐

Telefile

☐

Form 3

☐

Form 1-NR/PY

☐

Form 2

☐

Other _____

Signature: _____ Date: _____

Send to: **Massachusetts Department of Revenue, P.O. Box 7011, Boston, MA 02204.**